

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

9/686,259

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	57	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	57 minus 20 =	37
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	\$355.00	OR	BASIC FEE	710.00
X3 9=		OR	X3 18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	61	Minus	62 = 0
Independent	5	Minus	3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X40=	3	OR	X80=	
+135=	135	OR	+270=	
TOTAL	138	OR	TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	61	Minus	62 = 0
Independent	5	Minus	3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	48	Minus	61 = 13
Independent	5	Minus	3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X3 9=		OR	X3 18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Form PTO-815
(Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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